

HOUSE BILL 34

55TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2021

INTRODUCED BY

Marian Matthews

This document may incorporate amendments proposed by a committee, but not yet adopted, as well as amendments that have been adopted during the current legislative session. The document is a tool to show amendments in context and cannot be used for the purpose of adding amendments to legislation.

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH COVERAGE; ESTABLISHING LIMITS ON COST SHARING FOR Hf11→CERTAIN←Hf11 PODIATRIC SERVICES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Health Care Purchasing Act is enacted to read:

"[NEW MATERIAL] PODIATRIC SERVICES--LIMITS ON COST SHARING.--

.218484.1AIC February 19, 2021 (11:39am)

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A. Group health coverage, including any form of self-insurance, offered, issued or renewed pursuant to the Health Care Purchasing Act that offers coverage of podiatric services shall not impose a member cost share for podiatric services Hf11→, **excluding surgery,** ←Hf11 that is greater than that for primary care services on a coinsurance percentage basis when coinsurance is applied or on an absolute dollar amount when a copay is applied.

B. As used in this section:

(1) "podiatric services" means the examination, diagnosis, treatment and prevention, by medical, surgical and biomechanical means, of ailments affecting the human foot and ankle and the structures governing their function Hf11→, **as performed by podiatrists** ←Hf11 ; and

(2) "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

SECTION 2. A new section of Chapter 59A, Article 22 NMSA 1978 is enacted to read:

"[NEW MATERIAL] PODIATRIC SERVICES--LIMITS ON COST SHARING.--

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is

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delivered, issued for delivery or renewed in this state shall not impose a member cost share for podiatric services Hf11→, excluding surgery, ←Hf11 that is greater than that for primary care services on a coinsurance percentage basis when coinsurance is applied or on an absolute dollar amount when a copay is applied.

B. As used in this section:

(1) "podiatric services" means the examination, diagnosis, treatment and prevention, by medical, surgical and biomechanical means, of ailments affecting the human foot and ankle and the structures governing their function Hf11→, as performed by podiatrists ←Hf11 ; and

(2) "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

SECTION 3. A new section of Chapter 59A, Article 23 NMSA 1978 is enacted to read:

"[NEW MATERIAL] PODIATRIC SERVICES--LIMITS ON COST SHARING.--

A. A group or blanket health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state shall not impose a member cost share for podiatric services Hf11→,

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excluding surgery, ←Hfll that is greater than that for primary care services on a coinsurance percentage basis when coinsurance is applied or on an absolute dollar amount when a copay is applied.

B. As used in this section:

(1) "podiatric services" means the examination, diagnosis, treatment and prevention, by medical, surgical and biomechanical means, of ailments affecting the human foot and ankle and the structures governing their function Hfll→, as performed by podiatrists ←Hfll ; and

(2) "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

SECTION 4. A new section of the Health Maintenance Organization Law is enacted to read:

"[NEW MATERIAL] PODIATRIC SERVICES--LIMITS ON COST SHARING.--

A. An individual or group health maintenance organization contract that is delivered, issued for delivery or renewed in this state shall not impose a member cost share for podiatric services Hfll→, excluding surgery, ←Hfll that is greater than that for primary care services on a coinsurance percentage basis when coinsurance is applied or on an absolute

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dollar amount when a copay is applied.

B. As used in this section:

(1) "podiatric services" means the examination, diagnosis, treatment and prevention, by medical, surgical and biomechanical means, of ailments affecting the human foot and ankle and the structures governing their function Hf11→, as performed by podiatrists←Hf11 ; and

(2) "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

SECTION 5. A new section of the Nonprofit Health Care Plan Law is enacted to read:

"[NEW MATERIAL] PODIATRIC SERVICES--LIMITS ON COST SHARING.--

A. An individual or group policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state shall not impose a member cost share for podiatric services Hf11→, excluding surgery,←Hf11 that is greater than that for primary care services on a coinsurance percentage basis when coinsurance is applied or on an absolute dollar amount when a copay is applied.

B. As used in this section:

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(1) "podiatric services" means the examination, diagnosis, treatment and prevention, by medical, surgical and biomechanical means, of ailments affecting the human foot and ankle and the structures governing their function Hf11→, as performed by podiatrists←Hf11 ; and

(2) "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

SECTION 6. EFFECTIVE DATE.--The effective date of the provisions of this act is January 1, 2022.